STATEMENT OF ORGANIZATION		OFFICE USE ON
Name and Address of Committee To lite a Deganization Momen to Elect Legudicans (Dowsepac) 8940 thuy 71N Aryfrong Lawisiana 71423 Check If: New Committee Monthly Filer	2. Date of this Statement 2. Date of this Statement 3. Estimated Membership 4. Amended Statement? YesNo	7 5/0 1/30 1/30
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address Chairperson Chairper		
Affiliated Organizations (Any organization, other than a political committee, which directly or indi a. Name	irectly established, administers, or f	financially supports this committee.) c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) a. Name b. Address Capital Due Bank 5101 Strew-port thuy, Troopa, M. 7147)		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Chec Committee b. Name of Candidate	ck one: Principal Campa	c. Office Sought by the Candidate
9. a Name of Person Preparing Report b. Daytime Telephone 318-664-6116		
10. WE HEREBY CERTIFY that the information contained in this STATEME and belief. This Aday of Signature of Committee Chairperson Signature of Committee Treasurer, if any	318 Daytir	8-323-2270 me Telephone Number